

PTO/SB/06 (08-03) Approved for use through 7/31/2006. OMB 0651-0032

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If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY OTHER THA				
FOR			NUMBER FILED		NUMBER EXTRA		۱ ٔ ۲	RATE	FEE) [RATE	FEE	
BASIC FEE								24.55	2	345.00	OR		690.00
TOTAL CLAIMS			minus 20=			•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS									X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT							-	400	•				
* If the difference in column 1 is less than zero, enter "0" in column 2									+130= TOTAL	2 K 1	OR	+260=	
CLAIMS AS AMENDED - PART II										7430	OR	TOTAL	711001
	(Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR	OTHER SMALL	
AMENDMENT A		REM Al	AIMS IAINING FTER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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	Independent	•.	3	Minus	***	<u> </u>	=		X39=		OR	X78=	
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											OR	TOTAL ADDIT. FEE	
	1355		umn 1) AlMS	ESTATE OF THE		Column 2) HIGHEST	(Column 3)	_ ا					
AMENDMENT B		REM A	IAINING FTER NDMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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	Independent	·	4	Minus	***		=		X69=	42	OR	X78=	
	FIRST PRESE	NIAII	JN OF M	ULTIPLE DEF	'ENL	JENI CLAIM		'	+130=		OR	+260=	
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-	in Party Later		umn 1) AlMS	BE CHEEC AN		Column 2) HIGHEST	(Column 3)						
AMENDMENT C		REN	IAINING FTER NDMENT		Pf	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total.		3	Minus	7	30	=		X\$ 9=		OR	X\$18=	
	Independent	· _	<u>ਧ</u>	Minus	**		=	╏┟	X39=			X78=	
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."											OR	+260=	
**	If the "Highest Nu "If the "Highest Nu The "Highest Nun	mber Pr	eviously Pareviously Pareviously Pareviously	aid For IN THI aid For IN THI	S SPA	ACE is less that ACE is less that	n 20, enter "20." In 3, enter "3."	~~	TOTAL DDIT. FEE d in the app	propriate bo		ADDIT. FEE	